

**VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY  
STATEMENT OF CLAIM FOR UNPAID WAGES**

(Please print clearly. We may be unable to assist you if your answers are incomplete.)

YOUR FULL NAME: \_\_\_\_\_

YOUR STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

WHAT WAS YOUR JOB TITLE: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_ LAST DATE ACTUALLY WORKED: \_\_\_\_\_

HAVE YOU DEMANDED PAYMENT OF THE WAGES YOU CLAIM? ☐ YES ☐ NO. IF SO ON WHAT DATE DID

YOU ASK FOR YOUR WAGES? \_\_\_\_\_

NAME OF PERSON WHO REFUSED TO PAY YOU: \_\_\_\_\_

REASON GIVEN: \_\_\_\_\_

.....

BUSINESS NAME OF EMPLOYER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

APPROXIMATE NUMBER OF EMPLOYEES: \_\_\_\_\_

DID THEY USE ANY OTHER NAME(S)? ☐ YES ☐ NO. IDENTIFY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMPLOYER'S HOME PHONE: \_\_\_\_\_

MAILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS:

COMPANY OFFICER OR OWNER: \_\_\_\_\_ THEIR TITLE: \_\_\_\_\_

OFFICER/OWNER'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IDENTIFY THE PLACE** WHERE YOU PERFORMED WORK FOR THIS BUSINESS. CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

1. ☐ YES ☐ NO IS THIS BUSINESS CLOSED OR IN BANKRUPTCY? If so, circle which status applies.
2. ☐ YES ☐ NO DID YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT? (Attach a photocopy of any agreement you may have)
3. ☐ YES ☐ NO WERE YOU HIRED TO WORK AS A SUBCONTRACTOR OR AN INDEPENDENT AGENT?
4. ☐ YES ☐ NO DID YOU WORK FOR THIS BUSINESS AS A SELF-EMPLOYED PERSON?
5. ☐ YES ☐ NO WERE YOU A CORPORATE DIRECTOR, OWNER OR PARTNER IN THIS BUSINESS?
6. ☐ YES ☐ NO DID YOU FILE A COURT CASE FOR UNPAID WAGES?  
If so, state name of court \_\_\_\_\_
7. ☐ YES ☐ NO EXCEPT FOR TAXES, WERE MONIES SUBTRACTED FROM YOUR WAGES WITHOUT YOUR WRITTEN CONSENT?  
If so, how much money was deducted? \$ \_\_\_\_\_  
What was the purpose of the deduction? \_\_\_\_\_
8. ☐ YES ☐ NO DID THE BUSINESS GIVE YOU A "BAD" PAYROLL CHECK? (Attach copies of all bad checks you were given.)
9. CHECK WHAT APPLIES TO YOU: ☐ SALARIED; ☐ HOURLY; ☐ COMMISSIONS;  
☐ DAILY RATE; ☐ PAID BY JOB OR PIECE
10. WHAT WAS YOUR RATE OF PAY? \$ \_\_\_\_\_ PER \_\_\_\_\_  
(Hour, Month, Year, Piece, Etc.)
11. FOR WHAT TIME PERIOD WERE YOU NOT PAID YOUR WAGES?  
\_\_\_\_\_ THRU \_\_\_\_\_  
(Month-Day-Year) (Month-Day-Year)
12. TOTAL GROSS AMOUNT OF UNPAID WAGES YOU CLAIM: \$ \_\_\_\_\_  
("Gross" means before taxes have been subtracted from your wages.) NOTE: Sick Leave, Paid Holidays, Vacation Leave, Severance Benefits, Per Diem and Expense Reimbursements are NOT "wages" within the meaning of the wage statute. DO NOT INCLUDE THESE ITEMS IN THE DOLLAR AMOUNT OF YOUR CLAIM.

**USE THIS SPACE TO SHOW US HOW YOU ARRIVED AT THE DOLLAR AMOUNT OF YOUR WAGE CLAIM. ATTACH COPIES OF PAYROLL CHECK STUBS, "BAD CHECKS", FEDERAL W-2 OR 1099 FORMS, EMPLOYMENT AGREEMENTS AND ANY OTHER SUPPORTING DOCUMENTS YOU MAY HAVE.**

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department of Labor and Industry to release any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to enforce the provisions of Section 40.1-29, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be released to the business I have named in this complaint. I understand that if I knowingly make a false statement on this complaint form, or if I knowingly make a false statement to any state member of the Department of Labor and Industry, I could be subject to a fine of up to \$10,000 or imprisonment for up to 6 months or both.

\_\_\_\_\_  
(Signature of Claimant - Please sign in ink)

DATE: \_\_\_\_\_